

STEVEN L. BESHEAR GOVERNOR

ENERGY AND ENVIRONMENT CABINET

LEONARD K. PETERS SECRETARY

DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
200 FAIR OAKS LANE
FRANKFORT, KENTUCKY 40601
www.dep.ky.gov

August 28, 2009

Mr. Robert J. Zik Clintwood Elkhorn Mining Company 23956 ST Hwy 194E Feds Creek, KY 41524

RE: KPDES No. KY0023965 Clintwood Elkhorn Mining Company Pike County, Kentucky

Dear Mr. Zik:

Our records indicate that your Kentucky Pollutant Discharge Elimination System (KPDES) permit is due to expire August 31, 2010. Pursuant to the KPDES Regulation 401 KAR 5:060, Section 1(5) (a) and (b) Duty to reapply any POTW or permitee with a currently effective permit shall submit a new application at least 180 days before the expiration of the existing permit. In accordance with 401 KAR 5:060, Section 1(5)(c) the conditions of an expired permit shall continue in force until the effective date of a new permit if a complete and timely application has been submitted. A complete and timely application shall include all the elements required by 401 KAR 5:060, Section 1 (7) Information requirements and Section 1(8) KPDES permit fees which is deemed complete on or before 180 days before the expiration of your permit. Pursuant to 401 KAR 5:075, Section 1(2) the cabinet shall not begin processing of a permit until the applicant has fully complied with the requirements of 401 KAR 5:060, Section 1.

Enclosed for your convenience are the required application forms for obtaining a new permit. Please note that completion of these forms requires the collection and analysis of the discharge and that pursuant to 401 KAR 5:075, Section 1(4) the cabinet has up to 60 days to determine if the application is complete. Incomplete applications shall be returned to the applicant to correct deficiencies. Failure to submit a complete application 180 days prior to the expiration of the permit shall result in the termination of the permit and may result in appropriate enforcement action. Therefore it is recommended that the application be submitted to the Surface Water Permits Branch, Division of Water, at the above address as soon as possible.

If you have any questions regarding the completion of these forms, please contact Erich Cleaver at (502) 564-8158, extension 4917, or me at extension 4923.

Sincerely,

Vickie L. Prather, Supervisor

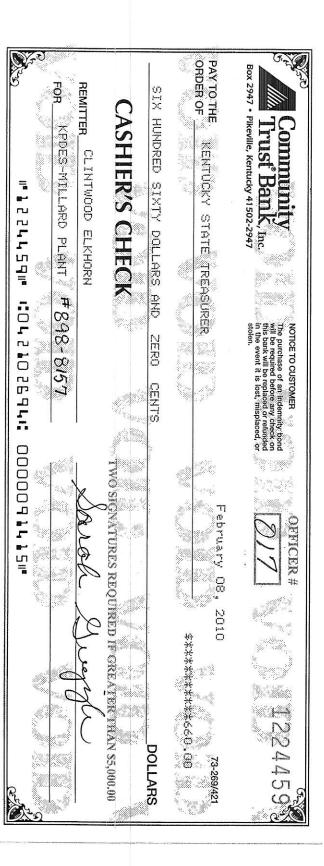
Eckne J. E. Either

Division of Water, Surface Water Permits Branch, PS Section

VLP:ASW:asw

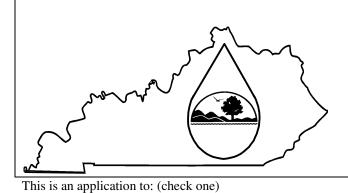
Enclosures C: TEMPO





KPDES FORM 1

Apply for a new permit.



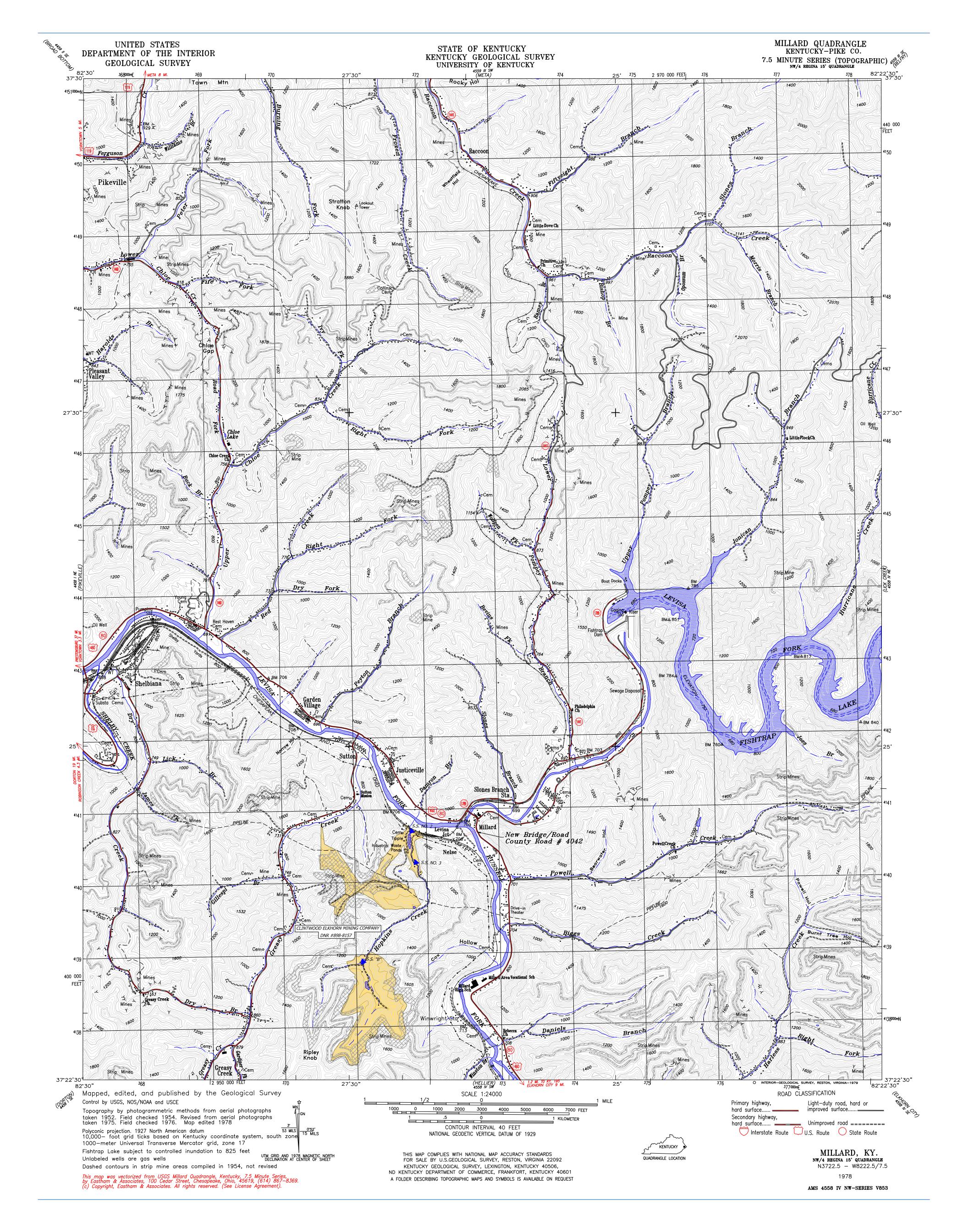
KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and one of the

	piring permit.	Form A, Form B, Form C, Form F, or Form SC							
Apply for a construction pe	ermit.								
Modify an existing permit.		For additional information contact:							
Give reason for modification	on under Item II.A.	Surface Water Permits Branch (502) 564-3410							
		AGENCY							
I. FACILITY LOCATION AN	D CONTACT INFORMATION	USE							
A. Name of Business, Municipality, Company, Etc. Requesting Perr Clintwood Elkhorn Mining Company		nit							
B. Facility Name and Location		C. Primary Mailing Address (all facility correspondence will be sent to							
•		this address). Include owner's mailing address (if different) in D.							
Facility Location Name:		Facility Contact Na	me and T	Title: M	r. 🗵 N	Is.			
898-8157 (Millard Prep Plant)		Dean Childress, Con	mpany E	ngineer					
Facility Location Address (i.e. street, road, etc., not P.O. Box):		Mailing Address:							
U.S. Route 460, Hopkins Creek Road		23956 State Hwy 19	94 East						
Facility Location City, State, Zip Code:		Mailing City, State,		e:					
Pikeville, KY 41501		Fedscreek, KY 4152	24						
D. Owner's name (if not the same as in p	part A and C):	Facility Contact Tel		Number:					
		(606) 925 4006							
Owner's Mailing Address: 23956 State I	Hwv 194 East	(606) 835-4006 Owner's Telephone	Number	(if diffe	rent):				
Fedscreek, KY 41524	Thy 191 East	owner s rerephone	rvamoer	(ii dilie	iciit).				
II. FACILITY DESCRIPTION A. Provide a brief description of activities, products, etc: Coal Mining – Sediment control structures for a coal preparation plant									
A. Provide a brief description o	f activities, products, etc: Coal Mir	ning – Sediment co	ntrol st	ructure	es for a	coal pr	eparati	on plar	nt
-	-	ning – Sediment co	entrol st	ructure	es for a	coal pr	eparati	on plar	nt
B. Standard Industrial Classificat	-	ning – Sediment co	ntrol st	ructure	es for a	coal pr	eparati	on plar	nt
B. Standard Industrial Classificat Principal SIC Code &	tion (SIC) Code and Description		ntrol st	ructure	es for a	coal pr	reparati	on plar	nt
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B. Standard Industrial Classificate Principal SIC Code & Description: Other SIC Codes: III. FACILITY LOCATION A. Attach a U.S. Geological Surve B. County where facility is located Pike	ion (SIC) Code and Description 1211 - Bituminous Coal Preparati vey 7 ½ minute quadrangle map for ed:	on Plant	uctions)			eparati	on plar	nt
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B. Standard Industrial Classificate Principal SIC Code & Description: Other SIC Codes: III. FACILITY LOCATION A. Attach a U.S. Geological Survey B. County where facility is located Pike C. Body of water receiving disched Russell Fork of Levisa Fork of B. D. Facility Site Latitude (degrees 37-24-23)	ion (SIC) Code and Description 1211 - Bituminous Coal Preparati vey 7 ½ minute quadrangle map for ed: arge: ig Sandy River s, minutes, seconds):	on Plant the site. (See instruction of the site) City where facility Millard Facility Site Long 82-26-59	uctions) y is loca) ated (if	applic	able):		on plar	nt

following:



IV. OWNER/OPERATOR INFORMATI	ION					
A. Type of Ownership: Description		Both Public and Priva	ate Owned Federally owned			
B. Operator Contact Information (See instructions) Name of Treatment Plant Operator:		Telephone Number:				
N/A		relephone Number.				
Operator Mailing Address (Street):						
Operator Mailing Address (City, State, Zip Code):						
Is the operator also the owner? Yes No		Is the operator certified? If yes, list certification class and number below. Yes No				
Yes No Certification Class:		Certification Number:				
V. EXISTING ENVIRONMENTAL PER	MITS					
Current NPDES Number:	Issue Date of Current Perr	nit:	Expiration Date of Current Permit:			
KY0023965	11/10/2005		8/31/2010			
Other DOW Operational Permit #:	Kentucky DMR Permit Nu	umber(s):	Sludge Disposal Permit Number:			
	898-8157	. 15				
Other Existing Environmental Permit #:	Other Existing Environme	ntal Permit #:	Other Existing Environmental Permit #:			
Which of the following additional environment	nental permit/registratio	n categories will also a	apply to this facility?			
			PERMIT NEEDED WITH			
CATEGORY	EXISTING PER	RMIT WITH NO.	PLANNED APPLICATION DATE			
Air Emission Source	Air Quality Permit #S-98-038					
Solid or Special Waste	r Special Waste					
Hazardous Waste - Registration or Permit						
VI. DISCHARGE MONITORING REP	ORTS (DMRs)					
	to specifically identify	the name and telephon	regular schedule (as defined by the KPDES the number of the DMR official and the DMR			
A. DMR Official (i.e., the department,						
designated as responsible for submitting DMR forms to the Division of Water):		Gary B. Cox, Operations Manager				
DMR Official Telephone Number:		(606) 835-4006				
B. DMR Mailing Address:						
Address the Division of Water will			ailing address in Section I.C), or s for you; e.g., contract laboratory address.			
DMR Mailing Name:						
DMR Mailing Address:						
DMR Mailing City, State, Zip Code:						

channe the base and fiffig fees fisted in "Form I Instructions" a	ion filing fee equal to twenty percent of the permit base fee. Please nd enclose a check payable to "Kentucky State Treasurer" for the ES permit number on the check to ensure proper crediting. Please description of the base fee amounts.				
Facility Fee Category:	Filing Fee Enclosed:				
Surface Mining Operation	\$660.00				
VIII CEPTURE A TON					
VIII. CERTIFICATION					
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine persons.					

NAME AND OFFICIAL TITLE (type or print): PHONE NUMBER: (606) 523-4444 Mr. Ms. Robert J. Zik, Vice-President EMAIL: rjzik@tecoenergy.com SIGNATURE DATE: 1-28-2010

submitting false information, including the possibility of fine and imprisonment for knowing violations.

Return completed application form and attachments to: Surface Water Permits Branch, Division of Water, 200 Fair Oaks Lane, Frankfort, KY 40601. Direct questions to: Surface Water Permits Branch at (502) 564-3410.

VII. APPLICATION FILING FEE